

## Health and Safety Calendar

### JUNE

#### Dairy Month

Dairy products like milk, cheese and yogurt contain nine essential nutrients which may help to better manage your weight, reduce your risk for high blood pressure, osteoporosis and certain cancers. Find out more at [www.nationaldairycouncil.org](http://www.nationaldairycouncil.org)

Gives kids a fun way to learn about nutrition and the importance of dairy products as they grow. Features fun games and recipes that are easy for younger kids can be found at [www.got-milk.com](http://www.got-milk.com)

#### Fireworks Safety Month

Leave the shows to the pros- it is NOT worth the risk. Go to the National Council on Fireworks Safety at [www.fireworksafety.com](http://www.fireworksafety.com). The Consumer Product Safety Council website also has good information to share with family & friends at [www.cpsc.gov/cpscpub/pubs/july4/4thjuly.html](http://www.cpsc.gov/cpscpub/pubs/july4/4thjuly.html)

#### Home Safety Month

This year's Home Safety Month campaign theme — Hands on Home Safety — asks the public to take some simple hands-on steps to create a safer home environment from such leading hazards as falls, fires and burns, and poisonings. For information and Home Safety Month Kits in English and Spanish go to [www.homesafetycouncil.org/home-safetymonth/homesafetymonth.aspx](http://www.homesafetycouncil.org/home-safetymonth/homesafetymonth.aspx)

### JULY

#### National Ice Cream Month

I scream, you scream, we ALL scream for ice cream! In 1984, President Reagan designated July as National Ice Cream Month, and the third Sunday of the month as National Ice Cream Day. Check out the following sites for fun and history -- [www.benjerry.com](http://www.benjerry.com), [www.icecreamusa.com](http://www.icecreamusa.com), and [www.zingersicecream.com/history.htm](http://www.zingersicecream.com/history.htm)

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## Careful Observation: The Key to Addressing Aggressive Behaviors in Child Care Settings

JUDITH WIDES, CLINICAL COORDINATOR,  
PARENT INFANT CHILD CENTER,  
NEW BRUNSWICK HIGH SCHOOL

**A**s a parent, child care provider, or pre-school teacher, it is helpful to think of aggression in young children as a form communication. In typically developing children, their aggressive behaviors tell us a lot about them as individuals and the lives they lead. When we carefully observe the ways in which children express aggression physically or verbally, we learn a tremendous amount about them. Their behavior highlights their unique neurological profile, their ability to tolerate stimulation, their family life, their exposure to media, and their ability to express themselves.

Traditionally, psychologists and educators have used a model called "Applied Behavior Analysis" to look at behavior that has been deemed problematic or challenging in an individual's school or home setting. Applied Behavior Analysis is particularly valuable in looking at repetitive disruptive, aggressive, and disquieting behaviors in young children. It boils down to the simple task of thinking about what happens before an identified behavior occurs, the behavior itself, and then the result of that behavior. Using this model can help the care provider or teacher plan for a child's day or provide interventions.

When using the model of Applied Behavior Analysis, think ABC. **A** represents the antecedent or what happens before the behavior occurs and where it happens; **B** represents the behavior itself; and **C** represents the consequence of the behavior.

Consequence is a word that is often interpreted to mean punishment. In this case it does not mean punishment. It means what happened as a result of the behavior. As a simple example consider the following.

Four kindergarten children are working in a small group to match word cards in the same order as a sentence presented on a felt board in front of them. Matilda does not like this activity. She quietly places two of the words cards into her pocket. When the other children discover that they cannot find the word cards to sequence, they spend the rest of the activity time searching under the rug and behind the bookshelf for the missing word cards. The activity has been interrupted and will not be completed.

*Continued on page 2*

Matilda has successfully avoided her least favorite activity. So in Matilda's case the antecedent was the activity of the word matching game, the behavior was the card hiding and the consequence for Matilda was the successful avoidance of the game. Smart Girl! As her teacher, I would need to think about what I could do to support her learning so that she might begin to enjoy this activity.

Now when thinking about aggressive behaviors in the child care/pre-school setting, it is helpful to keep in mind the ABC model as a tool. By breaking down an event this way, we can look for meaningful patterns and plan successful interventions.

Remember that the Antecedent includes the persons involved and the setting. Potty training provides a good example of the importance of the setting or environment. In the early stages of potty training many children are delighted with the activity of running to their own special potty at home. Usually the parent is present cheering them on.

In contrast, consider the range of distractions at child care that may make it more difficult to hightail it to the potty. For example as a general rule there is a no running allowed. In addition there are lots of friends and activities available to slow the child down. And, at school there are no cute personal potties. Developmentally, the setting is critical to understanding the antecedent to potty training victory. It makes sense that toddlers generally experience mastery at home first where they have a parent and a potty ready and willing to play their supporting roles.

As with potty training, before one implements the use of the ABC model to evaluate behavior, one must consider the child's age, language ability, level of fatigue, maturation and relationship stability. Relationship stability is the root system from which all healthy development thrives. Many child care providers and pre-school teachers will tell you that they can predict how well a child's day will proceed based on observing the dynamic between the parent and child as they enter the center or school. The 5-10 minute interaction that includes entering the setting, preparing for the day, and saying goodbye provides tremendous clues.

By carefully observing the morning ritual, teachers may be able to tell the following: how well rested the parent and child might be; the state of their relationship; and their ability, or lack thereof, to say goodbye successfully. This provides teachers with critical information about where that child is emotionally as the day begins.

Consider the child who has a history of biting. What might we predict on a morning when the parent roughly removes the snow boots and winter coat and then storms off without making eye

contact with his or her child? The parent shows real signs of stress and frustration. Will the child be more likely to aggress against other children or teachers that morning? Maybe?

Most care providers who have a child who bites in their midst are pretty good at predicting when he or she is most likely to strike. You know the Antecedents even if you do not call them that. Is he likely to lash out when he is tired, hungry, or over excited? Do certain children trigger his tendency toward aggression? Is there a particular toy that always causes conflict?

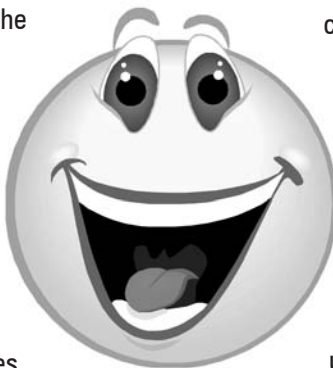
Consistency, flexibility, and creativity are the keys to managing children who are biters, kickers, pushers and furniture wranglers. If you know a child is tired and emotionally distraught, isolate him from the other children, and insure he is engaged in something he enjoys until he stabilizes and is ready to be part of the group. Try to jump the gun a bit and anticipate what may keep your biter from reaching the point of aggressing.

Changing a child's physical placement is one approach to anticipating and guiding a child's experience. Safe strenuous physical activity can help small children work through the need to express the aggression they are feeling in their bodies. Some children respond to drumming, others to dancing and still others to digging or running. Teaching a child a safe way to get the intense energy out of his body may be the best life skill gift you can give him.

By carefully observing a child, you will know when to intervene and how to plan for a change in location, a change in activity, a time out, etc. If you can manage to keep in mind that small children often lack the capacity to communicate in ways other than physical expression you will be better equipped to educate and protect the children and families you serve.

Finally, no discussion of aggression is complete without mentioning novelty and humor to help manage this challenging behavior. Never underestimate the power of silliness to distract and energize children and fellow teachers. If several children come into circle time in a funk, and you can feel conflict brewing, surprise them by wearing an unusual hat. Paint smiley faces on your cheeks. Put your shirt on backwards, and see if the children notice. Put temporary purple paint in your hair. Make a necklace out of toilet paper tubes!

Keep joy alive in your setting. Laughter is the antidote for the stress, anger, and sadness we see in the children we serve. If your observation skills are carefully honed, you will be able to make them laugh as effectively as you keep them safe.



## Health and Safety Calendar (cont.)

### Blueberries Month

Did you know that the highbush blueberry is the NJ State Fruit? And, that NJ produces 21% of the nation's blueberry crop? Go to

[www.njleg.state.nj.us/2002/Bills/A350/0/3344\\_1.pdf](http://www.njleg.state.nj.us/2002/Bills/A350/0/3344_1.pdf)

From research labs all across the country and the world, there is growing evidence that blueberries could be powerful little disease fighters. On this site enjoy recipes, teacher ideas, and learn about all those health related reasons you love blueberries even more this year!

[www.blueberry.org](http://www.blueberry.org)

A beautiful site to explore the wild blueberry is at [www.wildblueberries.com](http://www.wildblueberries.com).

### International Group B Strep Awareness Month

The Jesse Cause - Saving Babies from Group B Strep. This site offers a wealth of resources on GBS for medical professionals, expectant parents, and families affected by GBS. [www.thejessecause.org](http://www.thejessecause.org)

## AUGUST

### Children's Eye Health & Safety Month

For information about eye problems, vision screening, eye safety, and your child's "sight" in general. Check out this "site" [www.preventblindness.org](http://www.preventblindness.org)

### National Immunization Awareness Month

Is your child up to date? Are the children in your care up to date with all their immunizations? Are you up to date? (Yes, you, the adult!) Check these sites to be sure: [www.partnersforimmunization.org](http://www.partnersforimmunization.org), [www.immunize.org](http://www.immunize.org) or [www.cdc.gov/node.do/id/0900f3ec8000e2f3](http://www.cdc.gov/node.do/id/0900f3ec8000e2f3) and take the Vaccine Quiz to find out what immunizations you may need.

### World Breastfeeding Week 1 - 7

Let's continue to encourage and support breastfeeding! It's the most natural thing for a mother to do. The following sites are filled with information, questions and answers, forums, and history:

[www.breastfeeding.com](http://www.breastfeeding.com)

[www.lalecheleague.org](http://www.lalecheleague.org) and

[www.4woman.gov/Breastfeeding/index.cfm?page=home](http://www.4woman.gov/Breastfeeding/index.cfm?page=home)

# Rules or Guidelines?

JUSTINE FOLEY, CHILD CARE SPECIALIST, CATHOLIC CHARITIES, DIOCESE OF METUCHEN

Guiding children's behavior can be daunting in any early care setting. Teachers and family child care providers are often at odds about what to do with the many challenging behaviors they witness daily. I have always been a rule follower, and have taught children to follow the rules. I often find myself prompting a child, "What is our rule about...?" This approach, combined with consistency, has always worked well for me in my child care program. Recently, my entire approach came into question when colleagues and I had the opportunity to debate at length, Dan



Gartrell's book, *The Power of Guidance: Teaching Social-Emotional Skills in Early Childhood Classrooms*. (2004). Gartrell suggests putting guidelines in place instead of rules.

As professional educators, we know the importance of best practice, and in keeping up with current knowledge in the field of our profession. Early childhood has come a long way since the days of punishment. Discipline has replaced punishment; the time out method has been called into question, and is beginning to disappear. But now what? No rules? How will I manage without rules? I had a very difficult time getting my mind around this.

A rule is made to be broken, goes the old expression, and apparently in early childhood, this is no exception. When a rule is broken, a consequence is surely to follow. But, what does this teach the rule breaker? That he or she is indeed a rule breaker? Is this what I want to teach? A colleague aptly put things in perspective, "If we look at the majority of guidance problems as moments to teach life skills, the traditional sense of guidance as discipline is removed." Ah, yes, a teachable moment, that's what I want to capture; the opportunity to teach values, life skills and a sense of community. Lately, I have replaced my rules with guidelines. I try not to ask "What is our rule?" Instead I gently remind children of the guidelines. Rather than saying, "You must put the toys away before we go outside." (rule), I now might say, "We all help take care of our room. (guideline) Let's work together."

Changing my approach allows me to help a child who is having trouble, rather than impose a consequence. This has resulted in more teamwork, cooperation, and a sense of community among the children. Before we had a group of children who struggled to follow the rules, now we are moving toward a community of learners who will benefit from the guidelines set for them by important adults in their lives.

Gartrell, D. (2004). *The Power of Guidance: Teaching Social-Emotional Skills in Early Childhood Classrooms*. Canada: Delmar Publishing. (Note: Available from NAEYC)

# WEB WANDERING:



"Come and play, everything's A-OK..." , remember that theme song? Well, I want to tell YOU how to get to Sesame Street online—go to [www.sesameworkshop.org](http://www.sesameworkshop.org). In addition to the loveable character games and fun stuff, check out the advice and activities offered for parents and caregivers. These are smart strategies and fun activities from the experts with whom many of us have grown up.

Navigate the website by the top tool bar and click on "**Parents**". Select a featured article in the different sections related to advice, activities, or baby, OR go to the "**Solutions**" section to visit one of the health and safety tracts. It is good stuff!

To help your children de-stress, find activities that help your child discuss how they are feeling. From Storybooks to Storytelling helps parents and caregivers turn storytime into a storytelling adventure. After reading any story, ask a simple open-ended question that allows the child to share feelings, explore, create and succeed. Choose the "**More Activities**" link to search just the activity you would like. Try crafts for numerous art project ideas. How about some silly activities to laugh your cares away? Bubbles of Fun, recipe for bubbles and activities with bubbles and Clown Circus, simple clown tricks to pretend the circus came to you, will stimulate the imagination and decrease stress in all of you.

"*I Don't Wanna Go to the Doctor*" is an article addressing the child's fears about visiting the doctor. The information can be used to alleviate many of the fears a child may have and emphasizes that good communication is the key to:

1. Acknowledging a child's fears
2. Listening without interruption to their concerns
3. Helping the child to identify their feelings
4. Giving the child their wishes in fantasy
5. Acting out the visit in advance

Check out [Sesamestreet.org](http://Sesamestreet.org) for more fabulous ideas and information. Elmo is still soooooo cute!

## PLAY Activity Card

### Wading Pool Basketball

#### **BENEFITS**

**Physical:** Upper body and strength, eye hand coordination, agility

**Cognitive:** Problem solving, using muscles needed for holding a pencil

**Social/Emotional:** Cooperation, taking turns, sense of competence

**Age:** PreK+

**Space:** Small space outdoors or indoors

**Materials:** Small inexpensive wading pool, large plastic bowl(s) and lightweight balls

1. Set up wading pool with water and a floating bowl.
2. Children take turns tossing a lightweight ball into the bowl.

**Option:** Place two bowls in the pool for two ball tossers at a time.



## Medication Administration Quiz #3

This is the third in a series of "quizzes" to help you assess how your child care facility is doing with being prepared to administer medications. Relax, there is no grade or report card, just a series of suggestions that you can adapt for your facility. The "final exam" is seeing children being healthy and safe!

**Are you storing medications safely? This means:**

1. No passing medications back and forth from parents to child care
2. Keeping medications in a child resistant container in a locked cabinet
3. Making sure the medication is stored at the appropriate temperature—check to see if medication requires refrigeration
4. Properly labeling medications with the child's full name and instructions for dosing without blocking the medication label
5. All of the above

**Answer -** All of the above.

There is a lot involved in giving medications, but if you are organized and have your policy and procedures in place, it makes things easier. The Medication Administration course available from the Child Care Health Consultant Coordinator located at your county child care resource and referral agency can help, and *Caring for Our Children* is also a great resource.



# Summer's The Time for More Fruits & Vegetables

KATHY STANSFIELD, RD, NUTRITION CONSULTANT

**T**he fresh fruits and vegetables of summer are arriving! This is the time of year we all wait for—red ripe watermelon, delicious strawberries, sweet corn on the cob, and flavorful tomatoes. Now is the time to be sure that you and your children are getting the recommended 5 servings a day (even more if possible).

Still have problems getting the picky eaters on board with this program?

## Try some of the following tips:

**Be creative** - Use cut up vegetables and make funny faces or animals, then let the kids give it a try and see what they can make. Finish up by eating the creations!

**Involve the kids in cooking** - Children are more willing to try foods if they are involved in making it. Give each child an age appropriate task such as tearing lettuce, adding chopped



veggies to salad or pizza, tossing a salad, or mixing a low fat dip.

**Start a garden** - Grow some tomatoes, cucumbers or herbs. Let the children help by planting the seeds and then watering. How exciting it will be when they can taste what they helped grow!

**Visit a farm market** - Let the children pick out some fruits and vegetables that they would like to try. Serve fruits and veggies with dip- low fat flavored yogurt goes well with fruit, and low fat yogurt or low fat sour cream can be used with veggies.

**Add fruits and vegetables to other foods** - Make a milkshake with fresh fruit, frozen yogurt and milk. Put tomato slices on grilled cheese sandwiches. Add pureed red pepper or zucchini to tomato sauce.

Top cereal with fresh strawberries or blueberries. Add fruit to flavored gelatin. These are just a few of many possibilities!

## Why not try some easy fruit and vegetable recipes that follow:

### Carrot & Raisin Sunshine Salad from [www.dole5aday.com](http://www.dole5aday.com)

(Serves 4 – 6)

#### Ingredients:

1 pound carrots (5-6)  
peeled & shredded  
1/2 cup raisins  
1 carton (8 ounces) low fat vanilla yogurt  
4-6 iceberg lettuce leaves

**Directions:** Mix all ingredients together except the lettuce leaves, in a mixing bowl. Cover with plastic wrap and refrigerate for 15 minutes. Toss again before serving. Serve on lettuce leaves.



### Strawberry Fruit Salad with Yogurt from [www.strawberry-recipes.com](http://www.strawberry-recipes.com)

(Serves 6)

#### Ingredients:

2 cups plain low fat yogurt  
3 tablespoons honey  
1 teaspoon cinnamon  
1/2 pint fresh strawberries  
2 bananas  
1/2 pint blueberries or raspberries  
2 peaches, peeled  
1/2 cantaloupe

**Directions:** Cut strawberries, bananas, peaches, and cantaloupe in small bite size pieces. In a bowl, combine yogurt, honey and fruits. Chill before serving

*Note: Flavored low fat yogurt can be substituted for the plain, omit honey. Also, any variety of fruits can be used.*



# Children and Aggression: What's a Parent to do, or any caregiver for that matter?

## Aggressive behavior in children includes:



With any discussion about aggression, it is important to begin with distinguishing the difference between anger and aggression. Anger is a feeling often caused by frustration, and aggression is acting out angry feelings with the intent of bringing harm on another person or property. Feelings, even angry feelings, are normal and need to be accepted and respected. However, many children have not yet learned acceptable ways to channel their anger or frustration so they resort to aggressive behavior.

**Below are ten strategies adapted from a publication on the Child Development Institute web site to help children learn how to control their anger and prevent aggressive behavior:**

- 1. Catch the child being good.** Tell the child what behaviors please you and respond to their positive efforts at good behaviors.
- 2. Provide physical outlets and other alternatives.** It is important for children to have opportunities for physical exercise and movement, both at home and at school or child care.
- 3. Use closeness and touching.** Move physically closer to the child to curb their angry impulse. Young children are often calmed by having an adult come close by and express interest or offer assistance. Verbalize what you see.
- 4. Build a positive self-image.** Encourage children to see themselves as valued and valuable people.

**5. Be ready to show affection.** Sometimes all that is needed for any angry child to regain control is a sudden hug or other impulsive show of affection. Children with serious emotional problems, however, may have trouble accepting affection.

**6. Use punishment cautiously.** There is a fine line between punishment that is hostile toward a child and punishment that is educational.

**7. Ease tension through humor.** Kidding the child out of a temper tantrum or outburst offers the child the opportunity to "save face." However, it is important to distinguish between face-saving humor and sarcasm, teasing or ridicule.

**8. Explain situations.** Help the children understand the cause of the stressful situation. We often fail to realize how easily young children can begin to react properly once they understand the cause of their frustration.

**9. Teach children to express themselves verbally.** Talking helps a child have control and thus reduces acting out behavior. Encourage the child use words not actions.

**10. Model appropriate behavior.** We should always be aware of the powerful influence of our actions on a child's behavior.

*The article, Dealing with the Angry Child, from which this information was adapted, can be found online at [www.childdevelopmentinfo.com/parenting/angry\\_child.shtml](http://www.childdevelopmentinfo.com/parenting/angry_child.shtml).*

*Another excellent resource to check out is the Healthy Kids, Healthy Care link on the National Resource Center for Health and Safety in Child Care at [www.healthykids.us/chapters/biting\\_main.htm](http://www.healthykids.us/chapters/biting_main.htm)*



## NEW VACCINE RECOMMENDATIONS

**Question:** *Recently, I have been hearing that there are some new vaccines for children and adults. Could you please give me some information about what these vaccines are and at what age they are expected to be given?*

**Answer:** There is a lot of news about new vaccines and below is information provided by Suzanne Miro from the NJ Department of Health and Senior Services (DHSS), Communicable Disease Services program.

The U.S. Centers for Disease Control and Prevention CDC and its Advisory Committee on Immunization Practices have released several new recommendations. These recommendations now become the standard of practice for health care providers, hospitals and health agencies. Some of the information is a bit technical, and for more information you can contact the public health nurse at your local health department, check out the websites in this edition's Health Calendar for August, or call the DHSS Vaccine Preventable Disease Services at 609-588-7512.

**Tdap:** Tetanus toxoid, reduced diphtheria toxoid, acellular pertussis vaccine (Tdap) may now be substituted for any Td dose in children over 7 years of age for either primary or catch-up doses. Tdap is also now on the recommended schedule for all adolescents aged 11 to 12 years who have completed their childhood immunization series and have not received a subsequent Td dose. Recent studies in the U.S. have revealed a remarkable degree of pertussis disease among adolescents 10 to 19 years of age. When adolescents catch the disease, it can be passed on to young children who tend to get sicker. Using pertussis vaccine in adolescents should help cut down this pertussis epidemic.

**Hep B:** All newborn infants are now universally recommended to receive a birth dose of hepatitis B vaccine (Hep B or HBV) before leaving the hospital. Hepatitis B causes the greatest long-term health problems when caught at a

young age. There are still infants who leave the birthing hospital without receiving hepatitis B vaccine and who go on to acquire the infection when it could have easily been prevented.

**Menactra:** The CDC also now recommends the new meningococcal conjugate vaccine (Menactra) as the preferred vaccine for children aged 11 to 12, unvaccinated adolescents entering high school, and college freshman living in dormitories. The older, polysaccharide product (Menomune) continues to be recommended for children aged 2 to 10 years with specific immune compromised status and remains an acceptable alternative for entering college freshman if Menactra is unavailable.

**Hep A:** Hepatitis A vaccine (Hep A or HAV) is universally recommended for all children at age 1 year (12 to 23 months). Proper immunization requires two doses, spaced at least six months apart. Although great strides have been made in reducing the incidence of this disease in the U.S., children under 18 years of age continue to account for more than half the cases.

**Influenza:** Routine influenza vaccination is now recommended for children aged 6 months through five years, as well as for household contacts (anyone who spends a significant amount of time in the home) and out-of-home caregivers of children 24-59 months old. (See article on page 3 of the Winter 2006 Health Link.)

**Rotavirus:** It is expected that two other new vaccines are likely to be incorporated into the recommended schedule in the coming year. Rotavirus infection causes vomiting, fever, and non-bloody diarrhea and continues to be a devastating disease among infants and children throughout the world with in excess of a half million annual deaths attributed to it. In the U.S., rotavirus infection is estimated to result in about 20-60 deaths, over 50,000 hospitalizations, over a half million emergency department or outpatient visits, and leads to approximately one billion dollars of health care and lost-productivity costs each year.

**HPV:** Finally, the human papilloma virus (HPV) vaccine is nearly ready for introduction, but not yet licensed by the FDA. The age at which this vaccine is recommended has not yet been determined. The vaccine has been widely demonstrated to be safe and extremely effective in the prevention of HPV infection, the cause of nearly all invasive cervical cancer cases. This will be the second vaccine (HepB being the first) which will be able to protect individuals from specific cancers.

**Important Reminder:** *This is a good time for you to check out your hand washing policies and practices among children and staff. Along with immunization your best defense to prevent spread of infection is through frequent and thorough hand washing!*







## Healthy Child Care NJ

NJDHSS

Child and Adolescent Health

PO Box 364

Trenton, NJ 08625-0364

(609) 292-5666

[judith.hall@doh.state.nj.us](mailto:judith.hall@doh.state.nj.us)

### Project Director:

*Judith Hall, MS, RN, CS*

### Medical Director:

*Elaine Donoghue, MD, FAAP*

*Jersey Shore University  
Medical Center*

### Newsletter Committee:

*Elaine Donoghue, Co-editor*

*Judith Hall, Co-editor*

Burlington County Community Action Program

*Brenda Conover, RN, MSN, CPNP*

Catholic Charities, Diocese of Metuchen

*June Cuddihy, RN, CS, MSN  
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North Jersey 4 Cs

*Susan Smiley Greene, RN*

NORWESCAP - Child & Family Resources Services

*Debra Donbar, RN, MSN*

*Gail Hicks, RN*

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***This newsletter is not a substitute for the advice of a health care provider and should not be relied on as such.***

## Letter from the Directors:

The theme of this year's Health In Child Care Conference held on May 24, 2006 was Healthy Growth and Early Learning and carried a critical message of some of what is happening in New Jersey and across the country. There is a movement to encourage systems building for early childhood. What that means is that all health, education (including child care), and social services providers need to partner with families to work together so that all children will grow healthy and ready to learn when they enter school. In New Jersey the major state systems partners are the Build Initiative, the Head Start Collaboration Project and the Early Childhood Comprehensive Systems (ECCS) grant project. However, real support to families occurs in the communities where you live and work, and that's where you come in!

In a previous newsletter we reported a brief introduction to the ECCS project (Fall 2005), and stated that the ECCS project would be sustaining the efforts of HCCNJ of which this newsletter is a product. In this Letter we would like to invite your participation in joining with us to make early childhood a priority, and acknowledge that the health and safety of children in your care are critical to their healthy growth and learning.

This newsletter has been developed to provide ongoing information about health and safety issues in child care. We encourage you to share this information with your colleagues, friends, and family, and the families of the children in your care. A new Parent's Page has been added, but everything in the newsletter is beneficial to all child caregivers. The newsletter is now available on-line at [www.state.nj.us/health/fhs](http://www.state.nj.us/health/fhs), and a new feature of the on-line version is the ability to access the websites listed with just a click on the website address. The 2006 Winter, Spring, and Summer editions are all listed, and soon the four 2005 editions will also be added.

Families and caregivers are children's first teachers, so please take time to share the newsletter with others. For more information about being an active participant in early childhood systems building in your community, contact [judith.hall@doh.state.nj.us](mailto:judith.hall@doh.state.nj.us) or 690-292-5666.



Jon S. Corzine  
Governor



Fred M. Jacobs, M.D., J.D.  
Commissioner

***Please feel free to duplicate any part of this newsletter and share it with your colleagues and parents of children in your care.***